

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
10		1					60					
11		1					61					
12		1					62					
13		1					63					
14		1					64					
15		1					65					
16		1					66					
17	1						67					
18		1					68					
19		1					69					
20		1					70					
21		1					71					
22		1					72					
23		1					73					
24		1					74					
25		1					75					
26		1					76					
27		1					77					
28		1					78					
29		1					79					
30		1					80					
31		1					81					
32		1					82					
33	1	1					83					
34		1					84					
35		1					85					
36		1					86					
37		1					87					
38		1					88					
39		1					89					
40		1					90					
41		1					91					
42		1					92					
43		1					93					
44		1					94					
45		1					95					
46		1					96					
47		1					97					
48		1					98					
49		1					99					
50		1					100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	47						TOTAL DEP.					
TOTAL CLAIMS	50						TOTAL CLAIMS					

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